

Veteran Name: _____

Date: _____

DISCUSSION STARTER

Please keep these questions in mind throughout your week. If anything comes up this week that you would like to discuss with your provider, please note the situation below.

This week

A time when I felt embarrassed was: _____

A time when I felt stressed was: _____

A time when I felt anxious was: _____

A time when I felt happy was: _____

A time when I felt overwhelmed was: _____

A time when I felt disappointed was: _____

A time when I felt content was: _____

A time when I felt awkward was: _____

A time when I felt irritable was: _____

A time when I felt proud was: _____

This week

The hardest thing about my week was: _____

The easiest thing about my week was: _____

The best thing about my week was _____

The worst thing about my week was: _____

The funniest thing about my week was: _____

This week

Something unexpected was: _____